No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31956

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: SCOTLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEMPHIS
c. LENGTH OF STAY (in this place): 30 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN: SAME
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 990

3. NAME OF DECEASED (Type or Print)
a. (First): JEPTHA
b. (Middle): OLIN
c. (Last): MYERS

4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 55

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: 10-16-1870
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (City and State or Foreign Country): SCOTLAND Co MO
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: WM A MYERS
13b. MOTHER'S MAIDEN NAME: MARY EVANS
14. NAME OF HUSBAND OR WIFE: SCOTTIE A MYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Holland Wood
ADDRESS: Memphis

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 2040
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 25, 1949, *to* Sept 10, 1955, *that I last saw the deceased alive on* Sept 10, 1955, *and that death occurred at* 12:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. E. McClellan M.D.
23b. ADDRESS: Memphis Mo
23c. DATE SIGNED: 9/12/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-13-55
24c. NAME OF CEMETERY OR CREMATORY: EDINBURG CEMETERY
24d. LOCATION (City, town, or county): SCOTLAND Co
(State): MO

DATE REC'D BY LOCAL REG.: 9/13/55
REGISTRAR'S SIGNATURE: Vera G. Turner 476-
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Payne & Sons
ADDRESS: Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 20 1960

JAN 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 255

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.